

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/563583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1		1		
2		1		1			
3	2			1			
4	2			1			
5					1		
6					1		
7					1		
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45					1		
46					1		
47					1		
48					1		
49					1		
50					1		
TOTAL IND.			1		1		
TOTAL DEP.			12		12		
TOTAL CLAIMS			13		13		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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97							
98							
99							
100							
TOTAL IND.			1		1		
TOTAL DEP.			12		12		
TOTAL CLAIMS			13		13		